

Members

Sen. Vi Simpson, Chairperson
Sen. Beverly Gard
Rep. Dale Sturtz
Rep. David Wolkins
Michael Carnahan
Kerry Michael Manders
Alice Schloss
Julie Newland
John Blair
Doug Pond
Tom Neltner
Jim Mahern
Helene Uhlman
Alan Moberly



IDEM AND PUBLIC HEALTH SUBCOMMITTEE OF THE ENVIRONMENTAL QUALITY SERVICE COUNCIL

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MEETING MINUTES¹

Meeting Date: November 4, 1999
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington
St., Room 125
Meeting City: Indianapolis, Indiana
Meeting Number: 3

Members Present: Sen. Vi Simpson, Chairperson; Michael Carnahan; Kerry Michael Manders; Alice Schloss; John Blair; Tom Neltner; Jim Mahern; Helene Uhlman.

Members Absent: Sen. Beverly Gard; Rep. Dale Sturtz; Rep. David Wolkins; Julie Newland; Doug Pond; Alan Moberly.

The Chairperson, Senator Simpson, called the meeting to order at approximately 1:15 p.m. She informed the Subcommittee that she had directed staff to prepare a short paper entitled "Proposals for Discussion"² based on recommendations submitted by Tom Neltner of Improving Kids' Environment and Bill Beranek, Ph.D. of the Indiana Environmental Institute. Senator Simpson offered this paper as a starting point for the Subcommittee's discussion of its recommendations to its parent body, the Environmental Quality Service Council (EQSC). She emphasized that the meeting was to be a work group session with ample opportunity for all participants to make comments and offer suggestions.

¹ Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center (LIC) in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

²The Proposals for Discussion paper is available from the LIC as Attachment A to these minutes.

The Subcommittee focused on the first proposed recommendation to the EQSC set forth in the "Proposals" paper: that the Subcommittee should recommend to the EQSC the establishment of a pilot health information database program.

Senator Simpson commented that Mr. Neltner had advanced a good proposal on this subject, and that she and Senator Gard have discussed the idea of enhancing Indiana's current databases. Senator Simpson also recalled that speakers from the U.S. EPA, at the Subcommittee's October 13 meeting, in response to her question about how a health information database should be put together if it were being starting from scratch, suggested focusing on "a bite that we can chew," i.e., a particular population and a few diseases that have a probable environmental connection.

Senator Simpson proposed that the Subcommittee recommend to the EQSC the creation of a pilot health information database program under the following conditions: the program should gather information from a few selected geographic locations; the geographic locations selected should have supportive health departments capable of participating in the program; the geographic locations selected should have a population that is diverse; and the focus should be on children and diseases that affect children, such as cancer and asthma.

The discussion of this proposal involved Senator Simpson, John Blair, Tom Neltner, Bill Hayden, Jim Mahern, Helene Uhlman, Howard Cundiff, Dr. Gregory Steele of Marion County, and Matt Hopper of the Indiana State Department of Health (ISDOH). The discussion concerned which geographic locations to include in the proposed project, the potential role of educational institutions and the private sector in the proposed pilot project, and other matters.

The discussion produced the following:

RECOMMENDATION #1 TO THE EQSC: ESTABLISH A PILOT DATABASE PROGRAM

The IDEM and Public Health Subcommittee recommends to the EQSC the establishment of a Pilot Database Program. The Program should be established by the ISDOH through the following steps:

A. Select a limited number of geographic locations within Indiana as the subject of the Pilot Database. Choose locations that:

- have diverse populations representing a broad spectrum of Indiana residents; and
- have local health departments of adequate size and resources to assist in the Pilot Program.

Marion County and Lake County are specifically identified as appropriate geographic locations. IDEM and ISDOH should select other appropriate geographic locations.

B. Assemble existing health information for the subject geographic locations and load them into the Pilot Database. The following types of existing health information should be considered:

- Cancer Registry: Physicians are already required to report the information to ISDOH but the reporting is not kept up to date, especially in the counties bordering other states, where services may be provided in another state. ISDOH will need to push reporting more significantly.
- Mortality Information: Death certificates include a significant amount of information that will be helpful. ISDOH already receives this information and periodically publishes it.
- Lead Screening Information: ISDOH already gathers and processes this information.

- Medicaid Information: Through Hoosier Healthwise, information gathered from reimbursement claims can provide an excellent foundation, especially for communities that may be at significant risk from environmental threats. More children will receive coverage through the Children's Health Insurance Program, thus improving the scope of the information.
- State Health Plans: The State of Indiana has the authority to request health information from the various health plans that it provides to state employees. This information would provide a good cross-section of Indiana population (while admittedly biased toward Indianapolis) that would complement the Medicaid data.
- Hospital Discharge Data: The Indiana Hospital Association collects information on hospital discharges and outpatient treatment from hospitals throughout Indiana. The association submits this information to ISDOH.
- Census Data: The census program collects information from citizens regarding their health. This information could provide an excellent backdrop for comparison.

C. In designing the Pilot Database, focus on:

- children as the population segment of special interest; and
- diseases affecting children -- such as asthma, cancer, and elevated blood lead levels -- that are thought to be linked to environmental contamination.

D. Analyze the information in the Pilot Database to:

- recognize environmental insults affecting public health in Indiana;
- identify statewide disease trends that exceed national averages;
- identify local disease trends within the subject areas that exceed statewide averages; and
- identify gaps in the information provided currently by the other Indiana health information databases.

Two years should be allowed for the creation Pilot Database Project. At the end of two years, the ISDOH should report on the status and results of the Project.

Senator Simpson then focused the attention of the Subcommittee on the second proposal in the "Proposals for Discussion" paper: a proposal that Indiana's current health information databases should be improved in certain ways.

Helene Uhlman discussed the legal requirements under which certain records are kept. Howard Cundiff pointed out that an expansion of the legal record keeping requirements might result in an increased financial burden on the ISDOH.

Senator Simpson and Dr. Gregory Steele discussed the cost and implementation of the proposed improvement of health information databases. Questions were raised about the proposed mandate to report any birth defects up to a child's fourth birthday: who would fulfill this mandate?

John Blair commented that in twenty years of involvement in environmental health work he has seen an enormous compilation of data, but he questioned the value of compiling data "if we go into it with the idea that there is no way to determine a cause/effect relationship." Tom Neltner expressed the opinion that "if we have data but do not at least draw inferences from it, we're not doing much." Mr. Neltner suggested that ISDOH should regularly publish a "state of the public health" report.

Senator Simpson expressed the following observation about health information: IDEM and ISDOH are

not talking to each other sufficiently now. We need some kind of basis for taking action. There are big holes in the information we have, and the holes are so big that we can't do too much until we fill them.

John Blair suggested that health information data is too often kept in such a way as to be (in the words of the title of a report of the Environmental Health Network's National Toxics Campaign Fund) "Inconclusive by Design."³

In response to a question from Kerry Manders, Senator Simpson explained that one reason for the second proposal is to ensure that various entities of government will be able to exchange health data. This would be done by designating someone to coordinate interagency strategies so that the governmental entities are talking to each other and using the data to set public policy. Mr. Manders expressed the opinion that there is a need for a common computer system "platform" in order for the data to be used appropriately. Jim Mahern noted that the Indiana Department of Administration is taking steps to standardize the data platform used by governmental entities throughout the state.

Dr. Gregory Steele stressed the importance of having the right kinds of data. We have much mortality data, he said, but we do not have much data on diseases that do not kill, such as asthma. Bill Hayden advocated requiring the Air Pollution Control Board to set air standards according to public health data instead of "best available technology." He expressed a desire to see maps showing locations in Indiana in which cancer and birth defects are above average.

This discussion concluded with the Subcommittee deciding on the following:

RECOMMENDATION #2 TO THE EQSC: IMPROVE INDIANA'S EXISTING HEALTH INFORMATION DATABASES

The IDEM and Public Health Subcommittee recommends to the EQSC that the following steps be taken to improve health information databases in Indiana:

A. Expand the Indiana Cancer Registry. Rebuild the Cancer Registry by funding it with state funds in the amount of \$2 million per year for two years and then maintain it with state funding of \$1 million per year. This state funding would supplement federal funds. Use the advice of the Centers for Disease Control about the appropriate staffing and priorities in order to make the Cancer Registry into the equivalent of its counterparts in states of similar size. Ensure that the staff includes people to manage data, analyze data, assist in the field with the quality of reported data, assist users, and prepare reports for public health professionals. At the end of two years, the ISDOH should report to the EQSC on the status of the Cancer Registry.

B. Expand the Indiana Birth Record Malformation Report. Require the reporting of malformations identified at ages up to four years old. This would require a change in state law to mandate that health professionals report defects discovered in the early years. It would also require an increase in state funding and additional staff, which should be provided permanently.

C. Create a statutory standing commission to coordinate interagency strategies for addressing disease clusters. This commission would deal with the coordination of information exchange

³Mr. Blair provided the Subcommittee with a copy of this report. It is available from LIC as attachment B to these minutes.

between IDEM and ISDOH. It would also remedy a current problem with the effectiveness of the ISDH/County Health Department system in dealing with diseases *other than* the highly communicable and infectious diseases. The commission would encourage research into excluding and implicating potential causes and effects of important diseases.

D. Create a State GIS Coordinating Committee. This Committee should be created by the General Assembly to better coordinate the many state data databases that could be compared on single GIS displays.

Bill Hayden advocated recommending that funds from cigarette litigation settlement be used for for the purpose of beefing up the cancer registry and expanding the malformation registry.

The Subcommittee then turned its attention to a proposal submitted by Kerry Manders.⁴ Mr. Manders proposed legislation that would incorporate the following language:

When a community's septic systems present a health hazard as determined by the local health department, new connections to that sanitary sewer line (interceptor) will not be allowed until the existing septic system's health hazard has been alleviated by connecting to the sanitary sewer system. This determination will be made solely on the environmental hazard to the community.

Kerry Manders, Senator Simpson, Howard Cundiff, Tom Neltner, Jim Mahern, Michael Carnahan, John Blair, Bill Hayden, Helene Uhlman, Erika Seydel Cheney, and Dr. Gregory Steele discussed this proposal. Their discussion produced the following:

RECOMMENDATION #3 TO THE EQSC: REPLACING FAILING SEPTIC SYSTEMS WITH CONNECTIONS TO CITY SEWER SYSTEMS

The IDEM and Public Health Subcommittee recommends to the EQSC the passage of legislation to do the following:

- (1) If necessary, amend IC 13-18-13-3 to authorize the use of money from the Wastewater Revolving Loan Program to pay for the extension of sewer systems to replace failing septic systems.
- (2) "Supplement" the current revolving loan fund to provide funds to pay for extension of sewer systems to replace failing septic systems.

John Blair distributed copies of a pamphlet from the Sierra Club entitled "Cancer Pollution: America's Most Threatened Counties and States."⁵ In this pamphlet's list of the 20 counties in the U.S. most threatened by cancer-causing pollutants, the following appeared:

5. Elkhart Co., IN: 2.6 million lbs.
Flexible Foam Prods.: 749,419 lbs.

⁴The memo in which Mr. Manders proposed this information is available as Attachment C to these minutes.

⁵The information in the pamphlet is available on the Internet at <http://www.sierraclub.org/toxics/cancer/map.asp>.

13. Posey Co., IN: 1.3 million lbs.
GE Plastics: 1.3 million lbs.

Mike Carnahan then offered another proposal: Make the law banning the sale of cigarettes to minors an enforceable law. A discussion of Mr. Carnahan's proposal by Senator Simpson, Bill Hayden, and Tom Neltner led to the following:

RECOMMENDATION #4 TO THE EQSC: STRENGTHEN THE LAW PROHIBITING THE SALE OF TOBACCO TO MINORS.

The IDEM and Public Health Subcommittee recommends to the EQSC the following:

- (1) Encourage enhanced enforcement of the law prohibiting the sale of tobacco to minors.
- (2) Enact a bill amending IC 31-37-2 to provide that a person who provides cigarettes to a minor commits the offense contributing to delinquency under IC 35-46-1-8.

Senator Simpson announced that the recommendations decided upon by the Subcommittee will be reported to the EQSC on November 23, and that the EQSC will vote on whether to adopt them as recommendations of the full EQSC. She adjourned the meeting at approximately 3:30 p.m.